

SEP 09 2005

Atty Docket No. 016930-003712US

PTO FAX NO.: 571-273-8300

ATTENTION: Examiner Joanne Hama

Group Art Unit 1632

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Joanne Hama**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Nielsen et al.

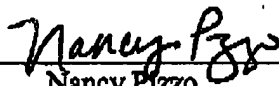
Application No. 10/086,294 filed February 28, 2002

for COMBINED TUMOR SUPPRESSOR GENE THERAPY AND CHEMOTHERAPY IN THE  
TREATMENT OF NEOPLASMS

are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 60

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Nancy PizzoDocuments Attached

1. SB/21 - Transmittal Form
2. SB/22 - Petition for Extn. of Time - 1 mo.
3. Amendment (13 pgs)
4. Articles by Nielson - I and II (24 pgs)

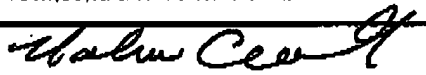
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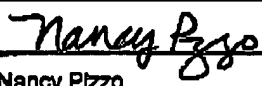
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0459 v1

PTO/88/21 (09-04)

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/086,294
	Filing Date	February 28, 2002
	First Named Inventor	Nielsen, Loretta
	Art Unit	1632
	Examiner Name	Hama, Joanne
Total Number of Pages in This Submission	Attorney Docket Number	016930-003712US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.82 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): ▪ Nielson I & II references
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nathan S. Cassell		
Date	09 September 2005	Reg. No.	42,396

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